## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

									. 1	
Establishment Name WAFFLE HOUSE#2122							Telephone Number	Date of Inspection	ID#	
						E	st 812 944 8499	-		
Address 3018 ST. JOSEPH RD, NEW ALBANY IN 47150							wn 770-729-5742	08/23/2022		
Owner							Purpose	Follow Up	Released	
ATTN: TAX DEPT							X Routine		08/23/2022	
Owner's Address							Follow-up		1	
P.O. BOX 6450 NORCROSS, GA 30071-							Complaint			
Person in Charge MARCUS FERRIER							Pre-Operational			
Responsible Person's Email							Temporary	Menu Type		
PORCHIATOBIAS@WAFFLEHOUSE.COM							НАССР	1 <u>2 3 X</u>	C 4 5	
Certified Food Handler PORCHIA TOBIAS-HOHL							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section # C NC R Narrative To Be Corrected To									orrected	
118	X A copy of the Certified Food Manag					rla aarti				
110	^			located.	ertified 1 600d Wallager	i s ceiti	neate was unable to be	3 days		
294	Χ			Measured chlorine concentration above 200 ppm.						
291		Χ		Chlorine Test strips were unable to be located. Person in charge was given a today						
245	strip to remeasured concentration after sanitizer was remade.									
245	X Observed sanitizer wiping cloth left beside sanitizer bucket and not submerged after use.							corrected		
297		Х				f the dr	drawer cooler left of the grill. 1 day			
324		X		Observed a biofilm around the door of the drawer cooler left of the grill. 1 day Observed a leak in the cabinet under the ice bin on right side of prep line. 1 week						
394		Χ		Observed a reak in the earlier talker the fee on on right side of prop line.  1 week  Observed an accumulation of grease in dumpster corral around grease  10 days						
	receptacle.									
431		Х		Observed dust on ceiling in dining area. Observed debris and dropped item under prepline along wall.						
Summary of Violations C 2 NC 6 R 0										
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
10001. Su of (organiaro).							Thomas Snider			
cc:					cc:			cc:		